

Appendix D -- Sample Forms Used in Child Care Consultation

- * Referral Forms
- * Infant Nurse Consultant Contract
- * Parent Letter

CHILD CARE REFERRAL FORM

TO: (list agency, i.e.: public health, licensing, DOH, R&R, etc)

FROM: _____

TITLE/POSITION: _____

AGENCY: _____

DATE: _____

CHILD CARE: _____

DIRECTOR/CONTACT: _____

ADDRESS: _____

PHONE: _____

URGENCY?: _____

DO THEY KNOW A REFERRAL

WAS MADE?: _____

AREA OF CONCERN

___ communicable disease

___ environmental concern

___ children with special needs

___ safety

___ playground safety

___ food safety

___ menu planning/nutrition

___ feeding issues

___ infant/toddler

___ chronic illnesses

___ development

___ implementing brain research

___ information

___ behavior

___ other

CONCERN/REASON FOR REFERRAL:

PERSON RESPONDING TO REFERRAL: _____

TITLE/POSITION: _____

AGENCY _____

ADDRESS/PHONE: _____

ACTION(S) TAKEN:

ADDITIONAL FOLLOW-UP NEEDED

Infant Nurse Consultant Contract- Sample

PURPOSE OF THE SERVICES

The goal of the Child Care Health Consultation Program is to protect and promote the health of children. The Child Care Health Consultation Program offers a wide range of services and training for licensed child care facilities and agencies in _____. This agreement identifies those services or training your facility/agency wants to receive in the time period indicated and the reimbursement you will provide for those services or training.

Program/Agency Name: _____

Contact Name and Title: _____ Phone: (_____) _____

Address: _____

This agreement cover the time period beginning (m/d/y) _____ through (m/d/y) _____

of children currently enrolled _____ # of children on subsidy or eligible for subsidy _____

MANDATED SERVICE

(These services are mandated by the Washington Administrative Codes for Child Care Providers).

Service	# of Sessions	Rate	Total	Date(s) Services Provided
<input type="checkbox"/> Monthly Infant Nurse Consultation – 1 hour	_____	\$\$\$ /hour	_____	_____
<input type="checkbox"/> Quarterly Toddler Nurse Consultation – 1 hour (pending WAC approval)	_____	\$\$\$ /hour	_____	_____

CONSULTATION SERVICES

Service	# of Sessions	Rate	Total	Date(s) Services Provided
<input type="checkbox"/> Infant/Toddler Program Consultation – 2 hours	_____	\$\$\$ /session	_____	_____
<input type="checkbox"/> Other Program Consultation – 1 hour	_____	\$\$\$ /session	_____	_____

Workshops	# of Sessions	Rate	Total	Date(s) Services Provided
<input type="checkbox"/> _____	_____	\$\$\$ /hr/ses.	_____	_____
<input type="checkbox"/> _____	_____	\$\$\$ /session	_____	_____

Trainings	# of Sessions	Rate	Total	Date(s) Services Provided
<input type="checkbox"/> First Aid	_____	\$\$\$ /person # of people	_____	_____
<input type="checkbox"/> CPR for the Child Care Provider (includes infant and toddler CPR)	_____	\$\$\$ /person # of people	_____	_____
<input type="checkbox"/> Bloodborne Pathogens and HIV/AIDS for Child Care Provider	_____	\$\$\$ /person # of people	_____	_____
<input type="checkbox"/> Child Abuse and Neglect: Detection, Reporting, and Prevention	_____	\$\$\$ /person # of people	_____	_____

Dates of consultation visits and training sessions will be negotiated for mutual availability for the facility and the Child Care Health team. You will be billed at the end of each (month/quarter) for service provided as outlined in this agreement.

Signature and date for contracting agency

Signature and date for Program Coordinator

Parent Letter

Dear Parent(s),

As you may already know, your Childcare Center is participating in the _____, nurse consulting program. This local program helps your child care fulfill a state law that requires Centers, licensed for 4 or more infants (newborn to 12 months), to have monthly nursing visits. Your center receives on-site visits to discuss all aspects of their care of your infant.

The outcome of those visits can be seen in the Infant Care Plans or the consultant's activity notes. These records will state your infant's first name and birthday. Ask your child care provider about reviewing these records.

Your signature is requested as confirmation that you understand that your Center is involved in this program.

I understand and have read the above information.

Parent's signature

Date

Child's Name

Nurse's Name and Signature

Date

Director's Name and Signature

Date

Program Name

Adapted from forms provided by CHELAN-DOUGLAS County

Appendix E -- Sample Policies

- * Emergency Policy
- * Behavior Policy
- * Medication Policy
- * Transportation Policy
- * Infant Food Safety Policy

Emergency Policy

This is a model health policy to help you write a policy for YOUR center. It may be used as a guide to help you write YOUR policies. Remember this may not EXACTLY match your needs. Be sure to make changes to match what YOU do at YOUR center:

Nurse Consultant: _____ Telephone: _____

(Must be a RN with experience in pediatric care. Recommended for all centers, and required for centers licensed to provide care for four or more infants.)

Address: _____

Emergency Telephone Numbers:

Fire Department: _____

Police: _____

Rescue: _____

Poison Prevention Center: _____

Hospital(s) Used for Emergencies

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Emergency Procedures: (Step-by-step including transportation method and notification of parent(s)).

Minor Emergencies:

1. Staff trained in first aid will take appropriate steps and refer to: _____ (name of first aid manual) as needed.
2. Staff record incident: (note where and how to record, date, time, place, cause if applicable).
3. Report incident to parent(s); (note date, time, who, and how reported).

Life-Threatening Emergencies:

1. Staff call _____ (local emergency number).
2. Staff provide first aid as needed (according to the first aid manual).
3. Staff stays with the injured/ill child, including transport to a hospital, until a parent arrives.
4. Staff record incident.

Emergency Procedures If Parent(s) Cannot Be Contacted:

Serious injury/hospitalization will be reported to: _____

Office of Child Care Policy licensor at _____ (telephone number).

Behavior Policy

This is a sample Behavior Policy to use as an example when developing a Behavior Policy for your facility.

This child care center uses *indirect guidance techniques*:

- We give previous warning: “You have 5 more minute to play before it’s time to clean up.”
- We give choices: “You may paint with the other children or you may read a book in the quiet corner.”
- We have a regular routine: “We always wash our hands before lunch. After lunch is story time.”
- We avoid nagging: We tell the child what we expect just once, follow it by asking the child if he/she remembers what we asked, and then offer to help the child do what was asked.
- We’re consistent: We do things the same way each day so the children know what to expect and learn to trust and feel safe in their environment.

We also use *direct guidance techniques*:

- We use the affirmative: “We use walking feet indoors.” rather than “Don’t run!” or “Use your words to tell us you’re angry.” Rather than “Don’t hit!”
- We get the child’s attention by crouching down to his/her level, making eye contact, speaking quietly, and asking the child to repeat the directions.
- We try very hard to be fair. We examine our expectations to make sure they are age-appropriate, and we don’t make rules just because an activity is too noisy or messy.
- We avoid arguments by following through with solutions that address the problem, but also offer the child a way to exit gracefully from the problem: “You can choose a quiet place to calm down or I can choose one for you.”

If a child is unable to demonstrate self-controlling behavior, a brief time-out results for the child to regain control. Time-out occurs only when other measures fail, and is used as an opportunity for the child to re-group, not as a punishment.

By law, and program philosophy and policy, the following forms of discipline are forbidden: hitting, spanking, shaking, scolding, shaming, isolation, labeling (“bad”, “naughty”, etc.) or any other negative reaction to the child’s behavior. All forms of corporal (physical) punishment are strictly forbidden.

Some negative behavior is best ignored since its goal is often to get attention. This technique is effective for some of the disruptive things children do, and it minimizes mimicking activity by other children.

If a child is unable to gain control and requires more individual attention than can be given within child to staff ratios, we may need to contact a parent. A child requiring one-to-one attention may have to leave the center temporarily for safety’s sake. Repeated uncontrollable behavior can lead to discontinuation of child care services.

Adapted from STRINGING PEARLS

Medication Policy

1. Medication will only be given with prior written consent of the child's parent/legal guardian.
2. All medication must be in the original container labeled with: child's full name, name of medication, dosage, frequency, and duration.
 - Prescription medication must have the original pharmacist label.
 - Non-prescription medication must have the manufacturer's original label.
3. Examples of non-prescription medications (over-the-counter drugs) we may give include:
 - Antihistamines
 - Non-aspirin fever reducers/pain relievers
 - Non-narcotic cough suppressants
 - Decongestants
 - Anti-itching ointments/lotions intended to relieve itching
 - Diaper ointments, intended for use with "diaper rash"
 - Sunscreen
 - Vitamins

The dose and frequency is stated on the label, and the medication is age and weight appropriate for the child.

4. Non-prescription medications (over-the-counter drugs) will not be given to children under two years of age.
5. "As-needed" medication may be given only when the health professional lists specific parameters, such as "give 1 tablet every 4 hours."
6. Internal medications are stored (_____ the location(s) where stored _____).
7. Refrigerated medication will be stored (_____ the location(s) where stored _____).
8. All medications will be stored
 - inaccessible to children
 - separate from staff or household medication
 - protected from contaminants
 - under proper temperature control
9. Unused medication will be returned to parents or flushed down the commode.
10. Records of all medication will be maintained _____ (where), with name of medication, dose, amount, time given, and by whom.
11. Staff giving medication to a child will sign the record with their full signature.

Transportation Policy

Puddle Duck's Child Care feels strongly all transportation provided by parents or others designated by parents should include use of age appropriate child safety seats or seat belts. We are happy to assist you in any way we can to ensure the safety of your child. If you have questions about car seat safety, just let us know. We have resources available to help.

A. Facility Vehicle Requirements:

1. The vehicle used by Puddle Duck's Child Care will be licensed according to state law.
2. The vehicle will be equipped with a first-aid kit and emergency information for all children being transported.
3. The vehicle will have a working heater and air conditioner to provide comfort for children during transportation.
4. The vehicle will have a two-way radio or car phone so the provider can call for assistance in case of break down or emergencies.
5. A back up vehicle will be available at _____ and can be dispatched immediately in case of an emergency.
6. The following policy statements will be posted prominently and enforced in each vehicle: "No Smoking," "No Loud Radios or Tapes," and "Buckle Up."
7. _____ will inspect all vehicles weekly to be sure they are kept clean and safe (interior and exterior).
(provider/staff)
8. The vehicle will be equipped with a notebook containing weekly safety checklist with corrections made, injury report forms, a trip sheet to record destination, mileage, times of departure and return, and a list of passengers.

B. Driver Requirements:

1. Drivers will hold a valid state driver's license and will be 18 years of age or older.
2. Drivers will be certified in Infant/Child First Aid (including choke saving and rescue breathing).
3. Drivers will be instructed in child passenger safety precautions (including use of safety restraints, handling of emergency situations, and supervision).
4. Drivers transporting children with special needs will receive special training annually on the transportation of children with special needs.
5. Drivers will not be responsible for monitoring children's behavior while operating the vehicle. Drivers will pull over to the side of the road to give children attention if necessary.
6. Drivers will be instructed in the completion of the weekly safety checklists, injury report forms and trip sheets.
7. Drivers will obey the signs posted in the vehicle, will not use earphones while driving, and will not have used alcohol or recreational drugs for at least 12 hours prior to transporting children or operating the program's vehicle.
8. Drivers will not take any medications that will impair their ability to drive. The program will require drug testing when non-compliance is suspected.
9. Drivers will know and keep in the vehicle, the quickest route to the nearest hospital from any point on their route.

C. Child Safety Seat Restraint Requirements

1. Each child will be correctly fastened in his/her own appropriate child safety seat, seat belt, or harness rated for the child's weight, age, and size.
2. Restraint systems will be used and installed according to manufacturer's instructions.
3. Children under the age of 4 or under 40 pounds will be correctly fastened into a child passenger restraint system that meets federal regulations and is so indicated on the safety restraint devices.
4. Compliance with the above policies will be determined by spot checks and interviews performed by the program director.
5. Each child will have the following information available in the vehicle in case the driver is unable to respond to rescue workers:

Name, address, phone number	Medical insurance information
Emergency contact numbers	Any allergies and/or medications required by child
Polaroid picture of child, labeled with name	

Infant Food Safety Policy

This policy is based on our love for babies and out of respect for the trust you have placed in us. Our staff do everything we can to provide for the comfort and safety of your baby. We take special care to handle all infant foods in a way that reduces the risk of foodborne illness. Some foodborne diseases can cause vomiting and/or diarrhea and may result in dehydration, which is especially dangerous for infants.

To reduce the risk of foodborne illness we do the following:

1. Our staff follow sanitary practices when preparing formula. All staff wash their hands before handling breastmilk, infant formula, or food. We clean and sanitize all food preparation surfaces and use only clean and sanitized items, e.g., bottles, bowls, utensils.
2. Bottles prepared at the center will be mixed and fed to your infant right away, that is; “mixed on demand.”
3. Breastmilk or formula will not be kept at room temperature for more than one hour. Warmed bottles not consumed within one hour will be discarded. This is done to prevent the growth of bacteria and reduce the risk of illness for your baby.
4. All breastmilk and formula in bottles and opened baby food jars are kept refrigerated at 40°F or less.
5. All unused breastmilk and formula in bottles will be discarded or sent home after 12 hours.
6. Frozen breastmilk, in reasonable amounts, can be stored at our center, with the approval of the infant room supervisor/center director. We warm or thaw breastmilk in lukewarm water.
7. We treat baby food in a way that reduces the risk of illness for your baby. We serve baby food from a dish with a clean spoon (so saliva will not get in the jar). We only keep opened baby food for 24 hours.
8. We do not use a microwave to heat breastmilk, infant formula, or baby food. A microwave heats foods unevenly and can cause “hot spots,” even with careful handling. We do not want to risk burning your baby. We do NOT microwave breastmilk. Microwaving breastmilk destroys much of the protection (immune function) breastmilk provides your baby.

If center staff have any questions, please contact your Washington State Department of Health Surveyor. If your Local Health Department has a Child Care Health Team, contact the Registered Nurse or Certified Dietitian team member. Local Health Department staff can also be a resource to parents.

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TO: (list agency, i.e.: public health, licensing, DOH, R&R, etc)

FROM: _____

TITLE/POSITION: _____

AGENCY: _____

DATE: _____

CHILD CARE: _____

DIRECTOR/CONTACT: _____

ADDRESS: _____

PHONE: _____

URGENCY?: _____

DO THEY KNOW A REFERRAL

WAS MADE?: _____

AREA OF CONCERN

___ communicable disease

___ environmental concern

___ children with special needs

___ safety

___ playground safety

___ food safety

___ menu planning/nutrition

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PERSON RESPONDING TO REFERRAL: _____

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Workshops	# of Sessions	Rate	Total	Date(s) Services Provided
<input type="checkbox"/> _____	_____	\$\$\$ /hr/ses.	_____	_____
<input type="checkbox"/> _____	_____	\$\$\$ /session	_____	_____

Trainings	# of Sessions	Rate	Total	Date(s) Services Provided
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Date

Child's Name

Nurse's Name and Signature

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Director's Name and Signature

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Appendix E -- Sample Policies

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(Must be a RN with experience in pediatric care. Recommended for all centers, and required for centers licensed to provide care for four or more infants.)

Address: _____

Emergency Telephone Numbers:

Fire Department: _____

Police: _____

Rescue: _____

Poison Prevention Center: _____

Hospital(s) Used for Emergencies

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2. Bottles prepared at the center will be mixed and fed to your infant right away, that is; “mixed on demand.”
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5. All unused breastmilk and formula in bottles will be discarded or sent home after 12 hours.
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